MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE	
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		i				
3		i				
4		i				
5		i				
6		i				
7						
8		i				
9		i				
10		i				
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50						
TOTAL IND.	3					
TOTAL DEP.	2i					
TOTAL CLAIMS	9 u					

		IND	DEP	IND	DEP	IND	DEP
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	100						
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							